Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/7/2010	Address:	Nataka Tr. North of 13 th
Case #:	<u>24-31964</u>		& Tulip N. of U.S. 30
County;	<u>Marshall</u>		Plymouth, In
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (check all that apply) ☐ Residence ☐ Hotel/Motel ☐ Outbuilding ☐ Open — No Structure	
	te (only)	Vehicle	Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Ithium/Ammonia Reaction(s): Outside			
Red Phosphorous/Iodine Reaction(s):			
□ Flammable Solvents: Outside			
Water Reactive Metal (Lithium);			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Outside			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Plymouth Fire	Fax: 936-5256 Fax: 936-9247	
Health Department: Marshall Co.		Fax:	
Child Prote	etion Service: N/A		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jason Faulstich</u> Phone <u>1-800-552-2959</u>			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.